



Medical Board of California

Application for a Duplicate Fictitious Name Permit

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
www.mbc.ca.gov

INSTRUCTIONS:

- Please print or type. Incomplete applications will not be accepted.
- Processing Fee: \$40 (non-refundable) check, money order or cashier's check payable to: Medical Board of California
- BOTH PAGES OF THIS FORM MUST BE COMPLETED.

INFORMATION

Owner / Co-owner

Last Name	First Name	Middle Name	Suffix
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Social Security Number

Email Address

Address (list current address) Is this an address change? Yes No

Street Address		Line 2	
City	State	Zip Code	

Telephone Number(s)

	Alternate
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Fictitious Name

Fictitious Name Permit Number

DUPLICATE TYPE

If you indicate lost, stolen, mutilated or destroyed, an explanation of the circumstances is required below (in the event your permit was mutilated, or you are requesting a duplicate due to name or address change, the original permit must be surrendered to our office along with this request).

Request for Duplicate Permit: Duplicate Original Permit Duplicate Renewal Permit
(Check one)

Reason for Duplicate Permit: Lost Stolen Mutilated Destroyed Address Change
(Check all that apply)

SIGNATURE

I certify under penalty of perjury under the laws of the State of California that the information provided in this application, including any supporting documents, are true and correct and that I am licensed/registered to practice in the State of California.

Physician Signature

License Number

Date

For Medical Board Use Only

Fee Paid:	Receipt #:	Cashier's Initials:
Date Cashiered:	Date Approved:	Date Denied:

NOTICE

All items in this application are mandatory; none is voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to verify the identity of the licensee per Sections 118 and 2432 of the Business and Professions Code. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Licensing Program chief is the custodian of records. Information provided in this application may be transferred to other governmental or law enforcement agencies.

Disclosure of your Social Security number (SSN) or Federal Employer Identification Number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94.455 (42 USCA 405(c)(2)(C) authorize collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTARY SECTION

SIGNATURE OF APPLICANT: _____
(SIGN LEGAL NAME IN THE PRESENCE OF NOTARY)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this

_____ day of _____, 20____,

by, _____
PRINT APPLICANT'S LEGAL NAME

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(NOTARY SEAL)

SIGNATURE OF NOTARY PUBLIC